

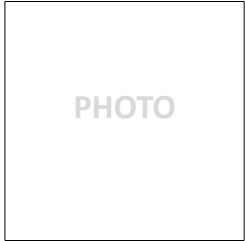


# VOLUNTEER MEMBERSHIP FORM

PLEASE READ THROUGH THE ENTIRE FORM BEFORE FILLING IN AND SUBMITTING:

Branch ..... VAU .....

Enrolment # .....



## SECTION A: PERSONAL DETAILS

Surname	
First Names and Initials	
N.R.C. No	
Date of Birth	
Postal Address	
Residential Address	
Occupation	

## SECTION B: QUALIFICATIONS

Professional Qualification			
Section for Trained Paramedical/Medical Personnel	Name of Medical Institution		
	Registration #		
	Date of Training		
	Maiden name if married		
Training received in Red Cross	First Aid		Level
Occupation:			

Have you been a member of the Junior Red Cross? (Yes) (No)

If yes where? .....

When? .....

**SECTION C: REFERENCES**

Names of two (2) responsible working persons who have known you in the last two years.

1. **Name:** .....  
**Address:** .....  
**Institution:** .....  
**Cell:** .....

2. **Name:** .....  
**Address:** .....  
**Institution:** .....  
**Cell:** .....

Membership Fee Paid  Receipt No .....

**SECTION D: DECLARATION BY MEMBER**

I declare my loyalty to the Zambia Red Cross Society and that I shall abide by the Rules, values and principles of the Society and will obey orders given to me by senior members of the Society.

Signed: ..... Date: .....

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**SECTION E: FOR RED CROSS USE ONLY**

Enrolled in detachment: Name & Number	
Branch/Member's Group	
VAU Chairperson	
Signature	
Confirmed by	
Signature	